

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097913688	FILING DATE		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		1					53		
4		1					54		
5		1					55		
6		1					56		
7	1						57		
8		1					58		
9		1					59		
10		1					60		
11		1					61		
12		1					62		
13		1					63		
14		1					64		
15		1					65		
16		1					66		
17		1					67		
18		1					68		
19	1						69		
20		1					70		
21		1					71		
22		1					72		
23		1					73		
24		1					74		
25	1						75		
26		1					76		
27		1					77		
28		1					78		
29		1					79		
30		1					80		
31		1					81		
32		1					82		
33		1					83		
34		1					84		
35	1						85		
36	1						86		
37	1						87		
38	1						88		
39		1					89		
40		1					90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	8						TOTAL IND.		
TOTAL DEP.	30						TOTAL DEP.		
TOTAL CLAIMS	38						TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS